

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SK	1037	1/20/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
12.6		51		101	
12.5		52		102	
12.4		53		103	
12.3		54		104	
12.2		55		105	
12.1		56		106	
12.0		57		107	
11.9		58		108	
11.8		59		109	
11.7		60		110	
11.6		61		111	
11.5		62		112	
11.4		63		113	
11.3		64		114	
11.2		65		115	
11.1		66		116	
11.0		67		117	
10.9		68		118	
10.8		69		119	
10.7		70		120	
10.6		71		121	
10.5		72		122	
10.4		73		123	
10.3		74		124	
10.2		75		125	
10.1		76		126	
10.0		77		127	
9.9		78		128	
9.8		79		129	
9.7		80		130	
9.6		81		131	
9.5		82		132	
9.4		83		133	
9.3		84		134	
9.2		85		135	
9.1		86		136	
9.0		87		137	
8.9		88		138	
8.8		89		139	
8.7		90		140	
8.6		91		141	
8.5		92		142	
8.4		93		143	
8.3		94		144	
8.2		95		145	
8.1		96		146	
8.0		97		147	
7.9		98		148	
7.8		99		149	
7.7		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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